MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 572765

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1														
2							51							
3							52							
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47							96							
48							97							
49							98							
50							99							
TOTAL IND.							100							
TOTAL DEP.							TOTAL IND.							
TOTAL CLAIMS	9						TOTAL DEP.							
							TOTAL							